

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

OSTEOPATHIC PHYSICIAN AND SURGEON

DOPL-AP-018 REV 03/13/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a Federation Credentials Verification Service (FCVS) report that includes primary source verification of your medical education, post-graduate training, examination scores, disciplinary actions (if any), and ECFMG Certification that is valid indefinitely (if applicable).

Request an application packet from the Federation Credentials Verification Service, P.O. Box 970900, Dallas, TX 75397-0900, Telephone (817) 868-5000, Fax (817) 868-5009.

Complete and return the FCVS application to the FCVS who will submit the report directly to the Division. **Allow 60 to 90 days** for the Division to receive the report from the FCVS before submitting this application to the Division.

2. Submit a \$180.00 non-refundable application-processing fee.

Please Note: The application fee will increase to \$200.00 on July 1, 2003.

3. If you are **applying for licensure by endorsement**, submit the following in addition to the requirements in 1 and 2 above:

- a. Verification of licensure from a state in which you are currently licensed as an osteopathic physician. Use the “Request For Verification of License” form (attached to this application).

Request that the verifying state complete the form and mail or fax them directly to the Division or return them to you for submission with your application.

- b. Documentation of having actively engaged in practice as an osteopathic physician for not less than 6,000 hours during the five years immediately preceding the date of submitting this application to the Division.
- c. Documentation of passing scores on one of the examination categories listed below with at least one of the examinations taken **within the last 5 years**.
- ❑ The National Board of Osteopathic Medical Examiners (NBOME) examination parts I, II, and III.
 - ❑ The NBOME Parts I, II and the NBOME COMPLEX Level III.
 - ❑ The NBOME part I and the NBOME COMPLEX Level II and III.
 - ❑ The NBOME COMPLEX Level I, II, and III.
 - ❑ The FLEX components 1 & 2 with not less than 75 on each component.
 - ❑ The National Board of Medical Examiners (NBME) parts I, II, III.
 - ❑ The United States Medical Licensing Examination (USMLE) steps 1, 2, & 3.
 - ❑ The Licentiate of the Medical Council of Canada (LMCC) Parts 1 and 2.
 - ❑ The NBME part I or the USMLE step 1 and NBME part II or the USMLE step 2 and the NBME part II or the USMLE step 3.
 - ❑ The FLEX component 1 and the USMLE step 3.
 - ❑ The NBME part I or the USMLE step 1 and the NBME part II or the USMLE step 2 and the FLEX component 2.

OR

Documentation of a passing score on the SPEX examination within the last 12 months.

OR

A copy of your current ABMS or AOA board specialty certification.

5. If you are **applying for a Utah controlled substance license**, submit the following in addition to the requirements in 1, 2, and 3 (if applicable) above:

- a. The original letter from Experior documenting your passing score on the Controlled Substances Law and General Law Examination.
- b. An additional \$90.00 non-refundable application-processing fee for a controlled substance license.

The total fees for an osteopathic physician license and a controlled substance license are \$270.00.

Please Note: The total fees for an osteopathic physician license and a controlled substance license will increase to \$290.00 on July 1, 2003.

ADDITIONAL IMPORTANT INFORMATION:

1. **Controlled Substances Law and General Law Examination:** Applicants for a controlled substance license must pass the Controlled Substances Law and General Law Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior that has been prepared to assist candidates taking the law exam.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ Division of Occupational & Professional Licensing Act Rules
- ☐ Utah Osteopathic Medical Practice Act
- ☐ Utah Osteopathic Medical Practice Act Rules
- ☐ Utah Controlled Substances Act
- ☐ Physicians Education Fund
- ☐ Health Care Providers Immunity from Liability Act

2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.

3. **Requirements For Licensure:** All applicants for licensure as an osteopathic physician and surgeon must meet the requirements as detailed in the Utah Osteopathic Medical Practice Act and Rules. Additional requirements may be found in the Division of Occupational and Professional Licensing Act and Rules and the Utah Controlled Substances Act and Rules. Requirements include **but are not limited** to the following.
- a. An earned degree of Doctor of Osteopathic Medicine from an AOA accredited medical school or college.
- OR**
- A current ECFMG certificate valid indefinitely, if you are a graduate from a foreign medical school.
- b. Successful completion of 24 months of progressive resident training in an ACGME or AOA approved program after receiving your medical degree.
- OR**
- Successful completion of 12 months of progressive resident training in an ACGME or AOA approved program after receiving a degree of doctor of osteopathic medicine if you were licensed in another state prior to July 1, 1996 and meet all other requirements for licensure by endorsement.
- OR**
- Successful completion of 12 months of ACGME or AOA approved residency, and you are currently successfully participating in an ACGME or AOA approved residency program within Utah and agree to the conditions set forth in the Utah Osteopathic Medical Practice Act.
- c. The ability to read, write, speak, understand, and be understood in the English language.
- d. If requested, meeting with the Osteopathic Physicians Licensing Board.
4. **Licensure in Another State Prior to 1996:** You may apply for licensure in Utah if you received licensure in another state prior to July 1, 1996, and have successfully completed only 12 months of ACGME or AOA approved progressive resident training.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

6. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of medicine in Utah. For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.

7. **License Renewal:** All osteopathic physician licenses expire on May 31 of each even-numbered year. Additionally, if you possess a controlled substance license, it will also expire at the same time as your osteopathic physician license.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

8. **Renewal Requirements / Continuing Education:** In order to renew your license you must complete at least 40 hours in Category 1 ACCME or AOA continuing education in each two-year license renewal cycle.
9. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
10. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
11. **Payments:** Make licensure fees payable to "DOPL."

12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR: (Check all that apply.)

_____ Osteopathic Physician and Surgeon License

_____ Controlled Substance License

OSTEOPATHIC MEDICAL SCHOOL: (Use additional sheets if necessary.)

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

GRADUATE MEDICAL EDUCATION OR TRAINING:

Complete the information below and account for **all** periods of training or post-graduate work from the time you graduated from osteopathic medical school. Use additional sheets if necessary.

Name of Hospital: _____

Address of Hospital: _____

Department: _____

Date Began: _____ Date Ended: _____

Position (intern, resident, fellow): _____

Name of Hospital: _____

Address of Hospital: _____

Department: _____

Date Began: _____ Date Ended: _____

Position (intern, resident, fellow): _____

ACCOUNT FOR TIME SINCE POST-GRADUATE TRAINING:

Please list your professional work experience. **Account for all periods of time since you completed your post-graduate training.** Use additional sheets if necessary.

Answer “**Yes**” or “**No**.”

_____ I have practiced as an osteopathic physician for at least 6,000 hours within the last 5 years.

_____ I am specialty board certified by an ABMS or AOA Specialty Board. If “yes,” list board(s) and date(s) of specialty certification(s).

Board: _____

Date: _____

Board: _____

Date: _____

Board: _____

Date: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as an osteopathic physician. Use additional sheets if necessary.

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

AFFIDAVIT IF APPLYING FOR LICENSURE AS A RESIDENT WITHIN UTAH:

I have successfully completed 12 months of resident training in an ACGME approved program after receiving a degree of doctor of medicine. I am successfully participating in an ACGME progressive residency program within Utah with no disciplinary action. I agree to surrender my license to the Division without any proceedings under the Administrative Procedures Act and understand that the Division will automatically revoke my license as an osteopathic physician and surgeon if I fail to continue in good standing in the ACGME approved residency program within Utah.

Signature of Applicant: _____

Date of Signature: _____

AFFIDAVIT IF APPLYING FOR A UTAH CONTROLLED SUBSTANCE LICENSE:

I hereby agree to comply with the laws of Utah relating to the Controlled Substances Act and Rules.

Signature of Applicant: _____

Date of Signature: _____

OSTEOPATHIC PHYSICIAN AND SURGEON QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

(Questions continue on following page.)

10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever been terminated from a position because of drug use or abuse?
21. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

22. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
23. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
25. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
27. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
28. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
29. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 24, 25, 26, 27, 28, or 29 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any question above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as an osteopathic physician. Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a/an Osteopathic Physician and Surgeon

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)